

## ACKNOWLEDGEMENT OF NOTIFICATION HAZARDOUS WASTE ACTIVITY

04/08/2008

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NJR000070540

INSTALLATION NAME:

PATERSON BD OF ED - GREAT FALLS ACADEMY

INSTALLATION ADDRESS:

**259-275 ALABAMA AVE** PATERSON, NJ 07514

MAILING ADDRESS: 404 GRAND ST

PATERSON, NJ 07505

EPA Form 87(8)-12AB (4-80)

**USEPA - REGION 2 RCRA Programs Branch** 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: PATERSON BD OF ED - GREAT FALLS ACADEMY

or Current Occupant

ATTN: JACK PERNA

404 GRAND ST

PATERSON, NJ, 07505



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

02/20/2008

Region 2

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EPA I.D. NUMBER: NJR000070540

INSTALLATION NAME:

**GREAT FALLS ACADEMY** 

INSTALLATION ADDRESS:

**259-275 ALABAMA AVE** PATERSON, NJ 07514

**MAILING ADDRESS:** 

**404 GRAND ST** PATERSON, NJ 07505

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2 RCRA Programs Branch** 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

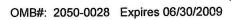
TO: GREAT FALLS ACADEMY

or Current Occupant

ATTN: JACK PERNA

**404 GRAND ST** 

PATERSON, NJ, 07505







SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency  RCRA SUBTITLE C SITE IDENTIFICATION FORM						
1. Reason for Submittal (See instructions on page 13.)  MARK ALL BOX(ES) THAT APPLY	Reason for Submittal:  ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)  ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)  ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application  ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)  ☐ As a component of the Hazardous Waste Report						
2. Site EPA ID Number (page 14)	EPA ID Number   NIJIR   0 0 0 1 0 1 7 0 1 5 4 0						
3. Site Name (page 14)	Name: GREAT FALLS ACADEMY						
4. Site Location	Street Address: 259-275 ALABAMA AVE.						
Information (page 14)	City, Town, or Village: PATERSON	State: NJ					
	County Name: PASSAIC			Zip Code: 07514			
5. Site Land Type (page 14)	Site Land Type: ☐ Private ☐ County ☑ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other						
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A.   B.						
	C.   _   _   _   _	D. I					
7. Site Mailing	Street or P. O. Box: 404 GRAND STREET						
Address (page 15)	City, Town, or Village: PATERSON						
	State: NEW JERSEY						
	Country: USA	<b>Zip Code:</b> 07505					
8. Site Contact Person (page 15)	First Name: DR. JACK	MI:	Last Name: PERNA	4			
	Phone Number: 973-321-0995 Extension:		Email address: JPERNA@PATERSON.K12.NJ.US				
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: PATERSON BOARD OF EDUCATION	Date Became Operator (mm/dd/yyyy): 09/01/1880					
	Operator Type: ☐ Private ☐ County ☑ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other						
	B. Name of Site's Legal Owner: PATERDON BOARD OF EDUCATION	Date Became Owner (mm/dd/yyyy): 09/01/1880					
	Owner Type: ☐ Private ☐ County ☑ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other						

EPA IĎ NO: II_I			OMB#: 2050-0028 Expires 06/30/2009			
9. Legal Owner	Street or P. O. Box: 33-35 CHURCH STREET					
(Continued) Address	City, Town, or Village: PATERSON					
	State: NEW JERSEY					
	Country: USA		Zip Code: 07505			
10. Type of Regulated Mark "Yes" or "No	Waste Activity " for all activities; complete any additional boxes as	s instructed	. (See instructions on pages 17 to 20.)			
A. Hazardous Was	ste Activities arts for 1 through 6.					
Y☑ N☐ 1. Generator of Hazardous Waste			2. Transporter of Hazardous Waste			
If "Yes", choose only one of the following - a, b, or c.  a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)  of non-acute hazardous waste; or			Y N 3. Treater, Storer, or Disposer of  Hazardous Waste (at your site) Note: A  hazardous waste permit is required for thi activity.			
☐ b. SQG	: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or	Y□ N☑ 4	Recycler of Hazardous Waste (at your site)			
c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste  In addition, indicate other generator activities.			5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies.			
Y□ N☑ d. United States Importer of Hazardous Waste			Exemption  b. Smelting, Melting, and Refining			
	ed Waste (hazardous and radioactive) Generator	Y□ N☑	6. Underground Injection Control			
B. Universal Waste Activities			C. Used Oil Activities  Mark all boxes that apply.			
Y N 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal mark all boxes that apply:    Manage			Y☐ N☑ 1. Used Oil Transporter  If "Yes", mark each that applies. ☐ a. Transporter ☐ b. Transfer Facility			
a. Batteries b. Pesticide c. Mercury o	s	Y□ N☑ 2	2. Used Oil Processor and/or Re-refiner If "Yes", mark each that applies.  a. Processor b. Re-refiner			
d. Lamps e. Other (sp	ecify)	Y□N☑:	3. Off-Specification Used Oil Burner			
f. Other (sp	ecify) □ ecify) □	Y□ N□ 4	<ul> <li>4. Used Oil Fuel Marketer</li> <li>If "Yes", mark each that applies.</li> <li>         □ a. Marketer Who Directs Shipment of         Off-Specification Used Oil to</li> </ul>			
Y☐ N☑ 2. Destination Facility for Universal Waste  Note: A hazardous waste permit may be required for this activity.			Off-Specification Used Oil Burner  b. Marketer Who First Claims the Used Oil Meets the Specifications			

PA ID NO:			_  _ _	!	OMB#: 2050-0028	Expires 06/30/2009
11. Description	n of Hazardous Waste	es (See instruct	ions on page 21.	.)		
handled a	odes for Federally Re at your site. List them i I page if more spaces a	n the order they	ous Wastes. Ple are presented in t	ase list the waste co	odes of the Federal hazard D001, D003, F007, U112	ous wastes ). Use an
D003	D001	D005	F007	D002	F008	U151
F003	U122	U188	U135	U019	U002	*
hazardou	odes for State-Regula s wastes handled at yo ces are needed for was	our site. List then	ederal) Hazardou n in the order the	is Wastes. Please y are presented in th	list the waste codes of the regulations. Use an add	State-regulated litional page if
12. Comments	S (See instructions on	page 21.)	1	<u> </u>		
DISTRICT IS	A SCHOOL DISTRIC	CT				
in accordance of on my inquiry of information sub- penalties for su For the RCRA	with a system designed f the person or persons mitted is, to the best of bmitting false informati	to assure that q s who manage th f my knowledge a on, including the	ualified personne he system, or thos and belief, true, a possibility of fine	I properly gather and the persons directly re courate, and complet and imprisonment	e prepared under my direct devaluate the information esponsible for gathering the etc. I am aware that there a for knowing violations.  1st sign (see 40 CFR 270.1	submitted. Based e information, the are significant
Signature of operator, owner, or an authorized representative		Name and (	Name and Official Title (type or print)			Date Signed (mm/dd/yyyy)
Stell Titure		DR. JACK F	PERNA, ENVIRC	NMETAL, HEALTH	HAND SAFETY OFFICER	01/08/2008
	<del>C F</del>					
	No. 100					
EDA Form 97	00-12 (Revised 7/200	06)				Page 3 of
LEW LOUIT 01	00-12 (INEVISED 1/200	<i>,</i>				